

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	/		
2		/					52	/		
3		/					53	/		
4		/					54		/	
5		/					55		/	
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43		/					93			
44	/						94			
45		/					95			
46		/					96			
47		/					97			
48	/						98			
49		/					99			
50	/						100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			